

**Crisis Bed Development Work Group
June 21, 2006 1:00 p.m. – 4:00 p.m.
Home Intervention, Barre, and WCMHS Clinic, Berlin**

**Next meeting: July 10, 2006 1:00 – 4:00 p.m. Location: Clara Martin
Center, Randolph, Vermont**

Present: Jeff Rothenberg, CMC
 Sandy Smith, CSAC
 Marion Greenberg, CSAC
 Michael Hartman, WCMHS
 Brinda Gosselin, WCMHS
 Anne Donahue, Counterpoint

Staff: Judy Rosenstreich, VDH/DMH
 Cindy Thomas, VDH/DMH

HOME INTERVENTION

The first part of the meeting was held at Home Intervention, a crisis bed program operated by Washington County Mental Health Services. The program director, Brinda Gosselin, gave the group a tour of the facility, discussing its operational and programmatic characteristics. Home Intervention has operated since 1989. When the program began, it was for Washington County residents presenting a mental illness and posing an immediate danger to themselves or to others. People who had not previously seen any other clinician were served at Home Intervention. The program as it has evolved today serves as a regional crisis bed facility, caring for residents of Washington, Chittenden, Lamoille, Orange, and Northeast Kingdom areas. Of the adult admissions, 90 + percent are CRT clients. There are two adult apartments and one child or adolescent apartment for a total occupancy of five clients when full. This is all that Brinda would want in order to effectively serve their needs and to maintain a therapeutic environment. All bedroom windows and all exterior doors are alarmed. Clients are allowed to go out whenever they want.

The kids' component of the operation qualifies for insurance coverage through the contracts that WCMHS has with CIGNA, John Hancock, and perhaps other providers. This funding stream is an important financial resource. There is no funding from VHAP, the Vermont Health Access Plan.

The director and assistant director are both RN's. Their medical background is a significant asset: By virtue of having nurses running the facility, they are more equipped

to deal with medical emergencies, drug reactions, and the like. This staff is more aware of physical issues, blood pressures, and record keeping due to their nursing background and training. Brinda pointed out that when you take in people that you don't know anything about, medical personnel are essential. The line staff positions are called counselors. The child/adolescent apartment has one staff and the two adult apartments have four staff. Dr. Stuart Graves provides psychiatric services for the facility. Brinda described the treatment model as:

- Intensive nursing coverage
- Psychiatrist coming in every day
- Staff/client ratio
- Low stimulus
- People committed to working with clients by keeping things calm and safe
- N.A.P.P.I. (Non-Abusive Physical and Psychiatric Intervention) training model, a 2-day training and 1-day re-certification required of all staff

Compared to its beginnings, Home Intervention is much more of an institutional setting. It does have the means to take a wide range of people. Another way of understanding the environment is by comparison to the psychiatric unit at Central Vermont Medical Center: Home Intervention is far less structured than the psych unit at CVMC but more structured than it used to be. Clients of the program are encouraged to continue their daily activities and to maintain contact with their ongoing treatment providers and support networks.

Clients have a preference for Home Intervention or for CVMC, the community hospital setting which has a more "treadmill" pace with activities in the morning and various other structured times throughout the day. Some clients prefer simply rest which they can do at Home Intervention.

The program has been successfully marketed so that they are full 80 percent of the time. The multi-county area they serve probably could use two more such programs as screeners say that very few clients do not request to go to Home Intervention.

MEETING RE-CONVENED AT WCMHS

Judy gave an update on VSH Futures, commenting on the outreach activities in Burlington and neighboring communities.

Jeff reported that he had received back some of the surveys of CRT and Emergency Services directors. Jeff also has asked Linda Corey for suggestions on peer involvement.

Judy will obtain the contact list of the Mental Health Division's Designated Hospitals so that we can survey them as well.

Anne asked John Pandiani for data:

- where users of crisis beds are coming from
- where users of hospital inpatient beds are coming from

PLANS FOR NEXT MEETING

Jeff asked Cindy Thomas and Jim Farrell to look at their own data on two populations...

- who is in the state hospital; and
- who is in the community hospitals (to the extent they know about this population)

...from the perspective of assessing the potential of knocking down inpatient days by shoring up the capacity and accessibility of crisis beds.

The group also plans to discuss how best to use the data being collected.

POSSIBLE SITE VISITS TO CRISIS BED PROGRAMS

Jeff will explore the feasibility of a field trip to Battelle and Alternatives, involving travel to Bellows Falls and Bennington. It was felt that the group's understanding of the similarities and differences among existing programs would be strengthened by seeing them all and acquiring the knowledge base necessary to formulate programmatic recommendations as called for by the Futures Plan.

The meeting adjourned at 4:00 p.m.

SUBMITTED BY: Judy Rosenstreich
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